

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034177

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8821

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

2

10-22-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Informant

Registration District No.

318

Primary Registration District No.

1003

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8821

STATE FILE NUMBER

FILED SEP 6 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWNST LOUIS,

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 4250 MANCHESTERInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

c. CITY
OR
TOWNST LOUIS,Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4250 MANCHESTERReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
GLENWOOD

Middle Townes

Last

TOWNE

4. DATE
OF
DEATHMonth Day Year
AUG, 31, 19635. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
11/5/069. AGE (last birthday)
56IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
CHAUFFEUR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
MISSOURI12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

GEORGE P. TOWNE

13b. MOTHER'S MAIDEN NAME

ELLA HULSEY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
NO

16. SOCIAL SECURITY NO.

43

17. INFORMANT

EVELYN GRECO 4250 MANCHESTER

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Vascular Heart Condition

INTERVAL BETWEEN
ONSET AND DEATH

3

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Circulation of Liver

3

DUE TO (c)

4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 4:30 pm

Feb 1-1963 to Aug 31-1963

and last saw her alive on Aug 30-1963
m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H.G. Moore M.D.

22b. ADDRESS

917-5018

22c. DATE SIGNED

9-2-1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

9/2/63

23c. NAME OF CEMETERY OR CREMATORY

ST FRANCIS MEMORIAL

23d. LOCATION (City, town, or county)

DESLOGE MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

STROOT - CARROLL 4600 NATURAL BRIDGE SEP 3 1963

Roan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. H. G. Moore
18th + 917 So 18th St
Charleston Ga 1.0650
17 Westmoreland
Fol 2717
(12 noon)

je 3-5858

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed m w Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.